

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

Page 1 of 2

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UNLIMITED GRAPHICS INC.Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 10Street 40 OLIVE STREETCity LaCenterState KY. ZIP Code + 4 400564

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any N/AStreet City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

SELL PROMOTIONAL AND PRINTING  
ITEMS TO THE PUBLIC AS WELL  
AS VARIOUS UNIONS ACROSS THE  
U.S.

## 11.b. Approximate dollar value of such dealing.

\$697.50

## 12.a. Nature of interest held or income received.

AS OUTSIDE SALESMAN FOR UNLIMITED  
GRAPHICS INC. I RECEIVE  
COMMISSION BASED ON MY SALES.

## 12.b. Amount.

10% TO 40% ?

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any N/AStreet City State  ZIP Code + 4 

## 14.a. Nature of payment.

N/A13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.